

FOR LUNCH PROGRAM USE ONLY

Student's Name _____

Teacher's Name _____

Room # _____

Full Time Part Time/Casual

ÉCOLE MARGARET UNDERHILL USER-PAY LUNCH SUPERVISION PROGRAM

Kindergarten

REGISTRATION FORM

2024/2025

CHILD'S NAME _____

Birth Date _____

mm/dd/yyyy

Address _____ Postal Code _____ Home Phone Number _____

MOTHER/GUARDIAN NAME _____

Employer _____

Day Time Phone Number _____

Cell _____

Email _____

FATHER/GUARDIAN NAME _____

Employer _____

Day Time Phone Number _____

Cell _____

Email _____

EMERGENCY CONTACT (Parents will be contacted first)

NAME _____

Relationship To Child _____

Address _____ Phone Number _____

SPECIAL INSTRUCTIONS FOR MY CHILD - i.e. allergies, medications, medical (medical alert bracelet for example)

Is there a sibling in the Lunch Program? ___ No ___ Yes Name _____ Grade _____

Please notify the Lunch Program, 204.958.6832, immediately of any changes to the above information.

REGISTRATION OPTIONS

Full time - the student will be eating lunch at school every day

Part-time - the student will be eating lunch at school on a less than full time basis
